COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH

PRIVATE DENTIST REPORT OF DENTAL EXAMINATION OF A PUPIL OF SCHOOL AGE

NAME OF SCHOOL										DATE							20		
NAME OF CHILD										AGE		SEX			GRADE	SI	SECTION/ROOM		
													and the same of th						
Last		First					Middle					M F							
ADDRESS																			
No. and Street City or Post Off					st Office) 	Boro	ugh or	Townsh	nip	o County				State	State Zip			
REPORT (OF EXAMI	NATIC	N																
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LOWER		32	31	30	29 T	28 S	27 R	26 Q	25 P	24 O	23 N	22 M	21 L	20 K	19	18	17	Lower	
	UPPER		ded a city of the second and the sec			DALLANDING IN CONTRACTOR												Upper	
	LOWER		energy de la constantion de la	marketinopological parameters		ine in the state of the state o	NACCOLONIA SATURATION OF SATUR											Lower	
Is The Child Under Treatment							L			Yes 🛘					No □				
Treatment Completed											Yes □					No 🗖			
with the second	Date o	f Dent	tal Exa	amina	tion			•											
Signature of Dental Examiner									Acres	Print Name of Dental Examiner									

Address